

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD (DATE/TIME)			
5. GENERAL OBJECTIVES FOR THE INCIDENT (AND ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			
8. ATTACHMENTS (CHECK IF ATTACHED)			
<input type="checkbox"/> ORGANIZATION LIST (IMS 203)			
<input type="checkbox"/> CHART			
<input type="checkbox"/> ASSIGNMENT LIST (IMS 204)			
<input type="checkbox"/> INCIDENT MAP			
<input type="checkbox"/> COMMUNICATIONS PLAN (IMS 205)			
<input type="checkbox"/> OTHER			
IMS 202	PREPARED BY:	APPROVED BY:	

ORGANIZATION LIST (IMS 203)		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION                      NAME 5. INCIDENT COMMAND AND STAFF		4. OPERATIONAL PERIOD (DATE/TIME)		
INCIDENT COMMAND		10. OPERATIONS SECTION		
DEPUTY		CHIEF		
SAFETY OFFICER		DEPUTY		
INFORMATION OFFICER		STAGING AREA MGR.		
LIAISON OFFICER				
6. AGENCY REPRESENTATIVES		a. PATIENT RECEPTION TEAM		
AGENCY	NAME	TEAM LEADER		
		PT. SUPPORT COORDINATOR		
		LITTER BEARER UNIT LEADER		
		LITTER BEARERS		
7. PLANNING SECTION				
CHIEF				
DEPUTY				
RESOURCES UNIT				
SITUATION UNIT				
DOCUMENTATION UNIT				
8. LOGISTICS SECTION		CHAPLAIN		
CHIEF		PHARMACY TECHNICIAN		
DEPUTY		EQUIPMENT TECHNICIAN		
a. SUPPORT BRANCH		PT. CARE COORDINATOR		
SUPPLY UNIT		TRIAGE UNIT LEADER		
FACILITIES UNIT		TREATMENT UNIT LEADER		
TRANSPORTATION UNIT		TREATMENT TEAM #1		
b. SERVICE BRANCH		TREATMENT TEAM #2		
COMMUNICATIONS UNIT		TREATMENT TEAM #3		
		TREATMENT TEAM #4		
9. FINANCE SECTION		PT. ADMIN. COORDINATOR		
TIME UNIT		MEDICAL RECORDS CLERKS		
COST UNIT				

1. SECTION/BRANCH:		2. GROUP/UNIT:		ASSIGNMENT LIST (IMS 204)	
3. INCIDENT NAME			4. OPERATIONAL PERIOD (DATE/TIME)		
5. OPERATIONS PERSONNEL					
OPERATIONS CHIEF _____		BRANCH DIRECTOR _____			
DEPUTY CHIEF _____		GROUP SUPERVISOR _____			
6. RESOURCES ASSIGNED THIS PERIOD					
RESOURCE DESIGNATOR:	LEADER	NUMBER PERSONS	TRANSPORT NEEDED?	COMMO TYPE/ CHANNEL	LOCATION
7. TACTICAL OPERATIONS:					
8. SPECIAL INSTRUCTIONS:					

INCIDENT BRIEFING (IMS 201)	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. MAP SKETCH			
PAGE ____	PREPARED BY:		



GENERAL MESSAGE (IMS 213)			
TO:		POSITION:	
FROM:		POSITION:	
SUBJECT:		DATE:	TIME:
MESSAGE:			
SIGNATURE/POSITION:			
REPLY:			
DATE:	TIME:	SIGNATURE/POSITION:	

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